MDR Tracking Number: M4-02-2536-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

- 1. a. Whether there should be additional reimbursement for date of service 03/02/01?
 - b. The request was received on 03/01/02.

II. EXHIBITS

- 1. Requestor, Exhibit 1:
 - a. TWCC-60
 - b. HCFA-1450s
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
- 2. Respondent, Exhibit 2:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated 03/18/02
 - b. EOBs
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome
- 3. The Commission's medical dispute case file only contains the initial request from the provider and the carrier's response to the initial request. The Commission faxed a request to the provider on 04/11/02 for "additional documentation relevant to the Fee Dispute," the provider did not respond. Therefore, the findings and decision will be based on the documentation submitted.

III. PARTIES' POSITIONS

- 1. Requestor: per the TWCC-60b
 - "Carrier reduced payment without any proper payment exception code which is mandatory per TWCC Rule 133.304c which specifically provides 'the explanation of benefits shall include the correct payment exception codes required by the Commission's instructions.' There are no correct payment exception codes on the EOB in this instance. Carrier denied per code 'M' and did not supply documentation of 'methodology' per 133.304 or pay at a 'fair and reasonable' rate. Carrier has not reimbursed consistently per Rule 133.304."
- 2. Respondent: no position statement submitted

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IV. FINDINGS

- 1. Based on Commission Rule 133.307 (d)(1&2), the only date of service (DOS) eligible for review is 03/02/01.
- 2. The provider, an ambulatory surgery center, billed a total of \$4,099.74 on the DOS in dispute.
- 3. The carrier reimbursed \$3,147.54 for the DOS in dispute and its EOB has the denial "M NO MAR."
- 4. The amount in dispute is \$897.20 the difference between the billed amount and the amount reimbursed is \$952.20.

V. RATIONALE

The medical documentation indicates the services were performed at an ambulatory surgery center. Commission Rule 134.401 (a)(4) states ASCs, "shall be reimbursed at a fair and reasonable rate..."

Section 413.011 (d) of the Texas Labor Code states, "Guidelines for medical services must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control. The guidelines may not provide for payment of a fee in excess of the fees charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual's behalf. The Commission shall consider the increased security of payment afforded by this subtitle in establishing the fee guidelines."

The issue is "fair and reasonable" reimbursement for the services rendered. The burden is on the provider to show that the amount of reimbursement requested is fair and reasonable. The provider has submitted no medical documentation or reimbursement data with the request for medical dispute resolution. Therefore, the Requestor has not established entitlement to additional reimbursement.

The above Findings and Decision are hereby issued this 17th day of June , 2002.

Larry Beckham Medical Dispute Resolution Officer Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.